FEC FORM 3

REPORT OF RECEIPTS

For An Authorized Committee

RECEIVED. SECRETARY OF THE SUNATE

12 JUN 25 PM 4: 28

						Office Use Only			
NAME OF TYPE OR PRIN COMMITTEE (in full)		NT ▼	▼ Example: If typing, type over the lines.			12FE4M5			
Friends of Mark Neum									
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.=	PO Box 499								
ADDRESS (number and street)	<u> </u>		<u> </u>						
Check if different							للل		
than previously reported. (ACC)	Waukesha			1 1 1		LŸIJ	53187	7-0499	<u> </u>
2. FEC IDENTIFICATION N	UMBER ▼	CIT	ΓΥ [▲]		- <u>-</u> -	STATE A		ŽIP CODE	A
C C00501361		3. IS THIS				200 000		STATE ▼	DISTRICT
	*	REPO	. –	NEW (N)	OR	AN (A)	IENDED	Wi	
4. TYPE OF REPORT (Ch	loose One)								
(a) Quarterly Reports:	,	(b) 12-Da	ıy PRE- El	ection Repor	t for the:				
April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2)				Primary (12P)		General (12G)		Runoff (12R)	
			C	onvention (12	2C)	Specia	al (12S)		
October 15 Quarterly Report (Q3) January 31 Year-End Report (YE)		Electi	ion on	м м / s	06 t	2012	• 😲	in the State of	WI
		(c) 30-Day POST-Election Report for the:							
		,, ====================================			it tol tile				
			G	eneral (30G)		Runof	f (30R)	Spe	cial (30S)
Termination Report (TER)		Electi	ion on	11 /	06	2012		in the State of	WI
5. Covering Period 07 certify that I have examined the Type or Print Name of Treasurer Signature of Treasurer Mr. J	o1 is Report and to	ht	1	through	-	M		2011	2012
NOTE: Submission of false and				0					
NOTE: Submission of false, errone Office	ous, or incomple	te information	may sub	ect the perso	n signing	this Report t	o the pena	alties of 2 U.S.	C. §437g.
Use Only								C FORM	_

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